

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 137

Primary Registration District No. 5506 Registrar's No. 178

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town CLINTON RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Clinton 2nd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)

In this community 54 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Viola Henry

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Will Henry 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased 4-28-1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 15 If less than one day min.

9. Birthplace Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Little

12. Name Little

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Pa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs George Albert

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 9-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mullens Cemetery

18. (a) Signature of funeral director Fred Williams

(b) Address Clinton Mo

19. (a) Sept. 14, 1943 (b) Georgia Fitcher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County HENRY
(c) City or town CLINTON RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 13
year 1943 hour 12 minute 15 AM

21. I hereby certify that I attended the deceased from 9-5-43
_____ 19____ to 9-16 19____
that I last saw her alive on 9-10
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach Duration _____

Due to Distal Ulcer

Due to Hb

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Subbath (M. D. or other) _____

Address Clinton Mo Date signed 9-14-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4200

010-3-4 2

10-7-43

RECEIVED

District Health Officer No. 7

District File Number 9-43-1007

Date Filed 10-7-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Fred W. [Signature]*

Licensed Embalmer No. 2478

P. O. Address *Centon, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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